

Person Centered Planning Process

ISP Sample 2

INDIVIDUAL NAME

ID # 0000 000
DOB: 00/00/0000
TCM Entity

Meeting Date: 00/00/04
Start Date: 00/01/04

Who is?

Goals And Plans For The Future That Have Been Prioritized By The Individual And Family:

People / Things That Are Important To ME:

Things That I Like / Enjoy:

Things That I Dislike:

Legal Status:

Medical / Safety Issues:

What People Supporting Me Need To Know:

Supports In Place:

Outcome A:

Rationale:

Actions:

Action Step 1:

Start Date

End Date

Who is Responsible:

How Measured:

Outcome B:

Rationale:

Actions:

Action Step 1:

Start Date

End Date

Who is Responsible:

How Measured:

Outcome C:

Rationale:

Actions:

Action Step 1:

Start Date

End Date

Who is Responsible:

How Measured:

People Attending / Contributing To The Planning Meeting:

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